

**DWC-AD 10133.53 NOTICE OF OFFER OF MODIFIED OR ALTERNATIVE WORK**  
**For injuries occurring on or after 1/1/04**

**THIS SECTION COMPLETED BY EMPLOYER OR CLAIMS ADMINISTRATOR:**

Employer (name of firm) \_\_\_\_\_ is offering you the position of a  
(name of job) \_\_\_\_\_.

You may contact \_\_\_\_\_ concerning this offer. Phone No.: \_\_\_\_\_

Date of offer: \_\_\_\_\_ Date job starts: \_\_\_\_\_.

Claims Administrator: \_\_\_\_\_ Claim Number: \_\_\_\_\_

**NOTICE TO EMPLOYEE** Name of employee: \_\_\_\_\_

Date of Injury: \_\_\_\_\_ Date offer received: \_\_\_\_\_

You have 30 calendar days from receipt to accept or reject this offer of modified or alternative work. If you fail to respond in 30 days or reject this job offer, you will not be entitled to the supplemental job displacement benefit unless:

**Modified Work**

- A. The proposed modification(s) to accommodate required work restrictions are inadequate.
- B. The modified job will not last 12 months.

**Alternative Work**

- A. You cannot perform the essential functions of the job; or
- B. The job is not a regular position lasting at least 12 months; or
- C. Wages and compensation offered were less than 85% paid at the time of injury; or
- D. The job is beyond a reasonable commuting distance from residence at time of injury.

**THIS SECTION TO BE COMPLETED BY EMPLOYEE**

\_\_\_ I accept this offer of Modified or Alternative work.

\_\_\_ I reject this offer of Modified or Alternative work and understand that I am not entitled to the Supplemental Job Displacement Benefit.

I understand that if I voluntarily quit prior to working in this position for 12 months, I am not entitled to the Supplemental Job Displacement Benefit.

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

I feel I cannot accept this offer because:

**NOTICE TO THE PARTIES**

If the offer is not accepted or rejected within 30 days of the offer, the offer is deemed to be rejected by the employee.

The employer or claims administrator must forward a completed copy of this agreement to the Administrative Director within 30 days of acceptance or rejection.

If a dispute occurs regarding the above offer or agreement, either party may request the Administrative Director to resolve the dispute by filing a Request for Dispute Resolution (Form DWC-AD 10133.54) with the Administrative Director.

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**POSITION REQUIREMENTS**

Actual job title:			
Wages:	\$	per Hour	Week Month
Is salary of modified/alternative work the same as pre-injury job? Yes ____ No ____			
Is salary of modified/alternative work within 15% of pre-injury job? Yes ____ No ____			
Will job last more than 12 months? Yes ____ No ____			
Is the job a regular position required by the employer's business? Yes ____ No ____			
Work location: _____			

Duties required of the position:
Description of activities to be performed (if not stated in job description):
Physical requirements for performing work activities (include modifications to usual and customary job):

Preparer's Name:
Preparer's Signature: _____ Date _____